

Parental Informed Consent Form Examining Healthy Living Training in a Youth Recreation Program

You are invited to permit your child to participate in this evaluation study. The following information is provided in order to help you to make an informed decision whether or not to allow your child to participate.

Purpose of the Evaluation Plan: This evaluation will measure implementation outputs and the degree to which youth participants achieve the learning objectives and anticipated outcomes of *Health Rocks!*® curriculum implementation and perceived benefit from youth recreation program participation. Outputs, anticipated outcomes, and perceived benefit are specifically related to building strengths and skills associated with reduced tobacco, alcohol, and other drug use. This evaluation will assess participants' increased knowledge, changes in beliefs and attitudes, increased skills, and self-reported confidence in using positive behaviors after participating in *Health Rocks!*® intermediate level curriculum and recreation program activities.

Procedures: Two survey methods will be used: one pretest to measure reported knowledge, attitudes, skill and/or behavior prior to participation in *Health Rocks!*® training and youth recreation program activities, and one survey method with retrospective measures to assess the increased knowledge, skills, and potential for positive behaviors after youth participate in *Health Rocks!*® and recreation program activities. The retrospective survey (post-then-pre method of evaluation), measures program impact by asking questions regarding knowledge, attitude, skill and/or behaviors at the present time and then asking participants to report what the knowledge, attitude, skill and/or behavior were previously. The survey questions ask specifically about knowledge, attitudes, and resistance skills related to tobacco, alcohol, and other drugs, recreation program activities, and leisure satisfaction. Demographic questions that ask about age, gender, race, and ethnicity will also be asked. Each survey mainly consists of thirty-nine 4-point scale questions. It will take approximately 15-20 minutes to complete each survey.

One-on-one interviews will be conducted in a recreation center meeting room by the principal investigator with a random sample of participants. Each participant will have an equal chance of being selected, but not all participants will be interviewed. If your child is randomly selected for an interview, he or she will be asked eight open-ended questions associated with *Health Rocks!*® training and other recreation program experiences. Each interview will last approximately 30 minutes. Interviews will be recorded and audiotape recordings will be transcribed by the principle investigator to assist in analyzing data.

Risks and Benefits: There are no known risks or discomforts associated with this research. If your child feels uncomfortable with any questions in the survey or interview, she or he can stop at any time. There are no direct benefits to participation in this evaluation project. Hopefully, it may help your child to reflect upon, and personally evaluate, what she or he has attained from healthy living training through *Health Rocks!*® training and within the context of the youth recreation program.

Confidentiality: No identifying information will be collected in this evaluation project; however, due to the small sample size, it cannot be guaranteed that participant identities will not be known. The following steps will be taken to minimize this risk. Each participant will be assigned an identification number and names will not be associated with survey data or audiotape recordings. In the event participants choose to share any negative



information, it will not have an adverse effect on any recreation program relationships. Data, audiotapes, and the master attendance sheet will be stored in a locked cabinet in principle investigator's office. Only Mr. Daniel S. Payzant and Dr. Yan Ruth Xia can access the data, audiotapes, and master attendance sheet. Mr. Daniel S. Payzant intends to report findings in thesis format. The results obtained from this study may also be used for writing reports, scientific journal articles, and presented at scientific meetings. Neither names nor identifying characteristics will be used in reporting the results of this research. Data will be reported in aggregate. If interview responses are quoted, a participant number or pseudonym will be used as to not identify individuals based upon name or their characteristics. All data files, records, and audiotapes will be destroyed within the three years after the research project completes.

Compensation: There is no compensation for participation in this evaluation project.

Opportunity to Ask Questions: If you have any questions about the survey or interview, you can ask any questions concerning this evaluation project and have those questions answered before agreeing to participate in or during the study. You can contact Mr. Daniel S. Payzant through email (dpayzant@lincoln.ne.gov) or phone (402-441-7954) and Dr. Yan Ruth Xia through email (yxia@mail.unomaha.edu) or phone (402-554-3259). If you have questions concerning your child's rights as a research subject that have not been answered by the investigator or to report any concerns about the study, you may contact the University of Nebraska-Lincoln Institutional Review Board by phone (402-472-6965).

Freedom to Withdraw: You and your child are free to decide whether or not your child will participate in this evaluation study. Your child may also end her or his participation at any time without negatively affecting her or him or your relationship with the trainers, researchers, the City of Lincoln Parks and Recreation Department, or the University of Nebraska—Lincoln. Your decision will not result in any loss of benefits to which you are otherwise entitled.

DOCUMENTATION OF INFORMED CONSENT

You are voluntarily making a decision whether your child wishes to participate in this research project. Your signature certifies whether or not you have decided to participate in either/both research procedure(s) listed below having read and understood the information presented. You will be given a copy of this consent form to keep for your records.

I agree for my child to participate in this study by being surveyed:

☐ NO

☐ YES

I agree for my child to participate in this study by being interviewed and audio taped:

☐ NO

☐ YES

Child's Name (Print)

Signature of Parent/Legal Guardian

Date



IRB# 20100710900EP
Date Approved: 07/02/2010
Valid Until: 07/01/2011

To the best of my knowledge the parent/legal guardian is voluntarily and knowingly giving informed consent and possesses the legal capacity to give informed consent to participate in this research study.

Signature of Principal Investigator

Date

Principal Investigator: Daniel S. Payzant
2010 Van Dorn
Lincoln, NE 68502-3951
Office Phone: (402) 441-7954

Co-principal Investigator: Yan R. Xia, Ph.D.
Child, Youth and Family Studies
251 MABL, University of Nebraska-Lincoln
Lincoln, NE 68588-0236
Office Phone: (402) 554-3259/ 472-4086